

COLGAN (J. F. E.)

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REPORT OF A CASE  
OF  
RIGHT-ANGLED DEFORMITY OF KNEE,  
RESULTING FROM  
TUBERCULAR ARTHRITIS.

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## Report of a Case of Right-Angled Deformity of Knee, resulting from Tubercular Arthritis.

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MRS. F. S., aged 22, presented herself at the Orthopædic Department of the Jefferson Medical College Hospital, April 27, 1892, complaining of a stiff knee. On examination it was found that the leg was flexed at an angle of ninety degrees, and was partially ankylosed.

From the patient the following history was obtained: Father has phthisis and is of a rheumatic diathesis. The history of her mother is indefinite; she died in childbirth. A cousin has coxalgia.

The patient first noticed the trouble in January, 1892, when she observed that the knee was a little enlarged; there was not much pain at first. The swelling increased in size, causing her to go to bed, where she remained for three months, the pain being severe all this time. During the entire time the patient was in bed the knee was maintained in a comfortable position by supporting it upon pillows in a right-angled position. When she arose from her bed the knee was in the partially ankylosed condition as when she appeared at the hospital.



This case, like the great majority of chronic joint affections, occurs in a patient with a distinct tubercular family history. The father and a cousin are sufferers from tubercle, while the history of the mother is very indefinite.

When the patient came to the hospital there was a slightly enlarged knee-joint, temperature was normal, the patella was firmly adherent to the external condyle of the femur. There was an undue contraction of the semi-membranosus, semi-tendinosus, and the biceps. The very slight motion present was that which was permitted by the ligamentum patellæ. Flexion and extension terminated by a sudden checking; further extension was prevented by the tibia striking against the immovable patella, while flexion was terminated by the ligamentum patellæ becoming fully extended.

The history of the case indicates that there had been a tubercular synovitis, which after the tubercular matter was absorbed, caused an agglutination of the surfaces of patella and femur.

Several attempts were made to break up the adhesions by passive motion and forcible manipulation, but without avail. As the patient was adverse to an operation, in the early part of April, 1892, Dr. W. J. Hearn attempted to free the patella by means of sudden blows of a mallet. As this was unsuccessful, it was determined to lay the joint open, which was accordingly done, May 5, 1892.

Professor H. Augustus Wilson made an incision on the external aspect of the knee; through this opening the constricting bands

uniting the tibia and femur were loosened. The patella was freed from its calcareous attachment to the condyle of the femur by means of an osteotome, and the limb was placed in a straight extended position. The wound having been thoroughly cleansed, and drainage by strands of catgut being provided for, the lips of the incision were brought together with sutures, and an antiseptic dressing was applied. A plaster-of-Paris dressing was applied to the limb, in order to keep the leg in the corrected position.

The plaster-of-Paris dressing was made in two sections, one of which enveloped the foot and leg, the other the thigh. Hooped pieces of iron, retained in position by layers of plaster-of-Paris bandages, connected the two sections, allowing access to the wound without disturbing the position of the knee.

There was primary union of the wound. Sutures were removed May 11. She left the hospital May 31, a new plaster-of-Paris dressing being then applied.

The patient reported at the hospital, June 11, 1892. The part was perfectly well; there was no discharge from the wound; the limb was in the corrected position,—*i.e.*, leg in a straight line with the thigh. She used crutches, and a light plaster-of-Paris dressing ensheathed the whole limb.

On July 15 the plaster-of-Paris dressing was abandoned, and no additional support was found necessary. The patient walked without crutches, with a freedom that denoted an entire absence from pain or inconvenience other than a stiff knee.





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